

COMPLAINT FORM

Please fill out the form below and return it to Village of Empire Office, 11518 S. LaCore Street, PO Box 253, Empire, MI

	ofempire.com. Be sure to include as much detail as possible for the complaint.
Type of Complaint: ☐ Zoning ☐ ☐	DPW 🗆 Water 🗆 General
Complainant Information:	Location of Complaint:
Name of person making complaint:	Name:
Address:	Property Address:
Phone:	Mailing Address:
Email:	Phone:
Signature:	Parcel/Tax ID:
For Office Use Only Date Rec'd:	Forwarded To:
Date Rec u.	Forwarded 10:
Action Taken:	
Department Signature:	Date Closed: